



Docket No. IVD994

DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION

ddress are given below under my name. rentor of the subject matter which is claimed and forenzofurane derivatives
rentor of the subject matter which is claimed and fo
enzofurane derivatives
as United States
(if applicable).
as PCT International
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on (if applicable).

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Section 1.56 of Title 37 of the Code of Federal Regulations.

I hereby claim foreign priority benefit under Section 119 (a) - (d) of Title 35 of the United States Code of any foreign application(s) for patent or inventor's certificate or of any PCT application(s) designating at least one country other than the United States identified below and also identify below any foreign application(s) for patent or inventor's certificate or any PCT application(s) designating at least one country other than the United States filed by me on the same subject matter and having a filing date before that of the application(s) from which priority is claimed:

			Priority Claimed	
Country	Number	Filing Date	Yes	No
France	97/07795	23 June 1997	$\overline{\mathbf{X}}$	

I hereby claim benefit under Section 120 of Title 35 of the United States Code of any United States application(s) or PCT application(s) designating the United States identified below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior application(s) in the manner provided by the first paragraph of Section 112 of Title 35 of the United States Code, I acknowledge my duty to disclose material information of which I am aware as defined in Section 1.56 of Title 37 of the Code of Federal Regulations which occurred between the filing date of the prior application(s) and the national or PCT filing date of this application:

Application Serial No.	Filing Date	Status
I hereby appoint Michael 27,438, or any of them my attorprosecute this application and to therewith.	neys or agents with full power	
SEND CORRESPONDENCE TO	: DIRECT TELEI	PHONE CALLS TO:
Patent Department Sanofi-Synthelabo Inc. 9 Great Valley Parkway	MICHAEL D. A	
P.O. Box 3026 Malvern, PA 19355	Telephone No.	(610) 889-8802

I hereby declare that all statements made herein and in the above-identified specification of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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